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PTO/SB/21 (09-04)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

13

Application Number

10/824,983

Filing Date

April 15, 2004

First Named Inventor

G. Ian Rowlandson

Art Unit

3766

Examiner Name

Jessica L. Reidel

Attorney Docket Number

5024-00124(146462)

ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Reply to Missing Parts/
Incomplete Application



Reply to Missing Parts
under 37 CFR 1.52 or 1.53



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a
Provisional Application



Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD



After Allowance Communication to TC



Appeal Communication to Board
of Appeals and Interferences



Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Other Enclosure(s) (please identify
below):

Return Receipt Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Andrus, Sceales, Starke & Sawall, LLP

Signature

Christopher M. Scherer

Printed name

Christopher M. Scherer

Date

December 4, 2006

Reg. No.

50,655

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Melissa J. Cota

Typed or printed name

Melissa J. Cota

Date

December 4, 2006

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT **\$200.00****Complete if Known**

Application Number	10/824,983
Filing Date	April 15, 2004
First Named Inventor	G. Ian Rowlandson
Examiner Name	Jessica L. Reidel
Art Unit	3766
Attorney Docket No.	146462(5024-00124)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: **50.2401** Deposit Account Name: GE Medical Systems - IT

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20	=	x	= \$0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4 - 3	=	1 x \$200.00	= \$200.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100	=	/ 50 =	x	= \$0.00

(round up to a whole number)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)**SUBMITTED BY**

Signature	<i>Christopher M. Scherer</i>	Registration No. (Attorney/Agent)	50,655	Telephone	414-271-7590
Name (Print/Type)	Christopher M. Scherer			Date	December 4, 2006

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. :	10/824,983)	CERTIFICATE OF MAILING
Applicant :	G. Ian Rowlandson et al.	)	I hereby certify that this
		)	correspondence is being deposited
Filed :	April 15, 2004	)	with the United States Postal Service
Title :	System and Method for	)	with sufficient postage as first class
	Assessing a Patient's Risk of	)	mail in an envelope addressed to:
	Sudden Cardiac Death	)	Commissioner of Patents, P.O. Box
		)	1450, Alexandria, VA 22313-1450,
TC/A.U. :	3766	)	on this 4 th day of December 2006.
Examiner :	Jessica L. Reidel)	
		)	<i>Melissa J. Cota</i> 12/04/2006
Docket No. :	5024-00124 (146462)	)	Melissa J. Cota Date

AMENDMENT

Mail Stop: AMENDMENT
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper responds to an Office Action mailed October 16, 2006. Please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Amendments to the Drawings begin on page 8 of this paper and include an attached replacement sheet(s).

Remarks begin on page 9 of this paper.

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